

ONE HUNDRED THIRTEENTH CONGRESS
Congress of the United States
House of Representatives
COMMITTEE ON ENERGY AND COMMERCE
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February 25, 2014

The Honorable Fred Upton
Chairman
Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Joe Pitts
Chairman
Subcommittee on Health
Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, D.C. 20515

Dear Chairman Upton and Chairman Pitts:

We are writing to request that you hold a hearing to examine the progress made on the inclusion of women and minorities in health research. It has been over 20 years since Congress passed the National Institutes of Health Revitalization Act.¹ This legislation called for National Institutes of Health (NIH) research on diseases and conditions that primarily affect women; required that an appropriate number of women and minorities be included in all NIH-sponsored clinical research trials; and directed NIH-funded studies to analyze data by sex and minority group.

A recent *60 Minutes* story highlighted an example of the differences between men and women in responding to treatment.² Last year, the Food and Drug Administration cut the recommended dose of *Ambien* (Zolpidem) -- a prescription drug used to treat insomnia -- for women in half after discovering that, with equal dosing, the maximum level of the drug in women's blood is 45% higher than in men's blood. *Ambien* is currently the only prescription drug on the market with different suggested doses for men and women. The *60 Minutes* story

¹ P.L. 103-43.

² *60 Minutes, Sex Matters: Drugs Can Affect Sexes Differently*, CBS News (Feb. 9, 2014) (online at <http://www.cbsnews.com/news/sex-matters-drugs-can-affect-sexes-differently/>).


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raises important considerations regarding the applicability of research findings to women and how data collected on men and women are best analyzed.

As a direct result of the NIH Revitalization Act, NIH has increased its efforts to include women in research.³ However, despite the considerable progress that has been made since 1993, challenges remain. Health disparities between men and women persist – in conditions such as depression and cardiovascular disease.⁴ And there are still many conditions that disproportionately affect minority populations, such as diabetes and HIV/AIDS.⁵ We need to learn more about why men and women and different minority groups have different incidence and prevalence of certain diseases and conditions. Without such knowledge, we may be missing opportunities to find cures and treatments.

We urge you to hold a hearing on the inclusion of women and minorities in health research as soon as possible.

Sincerely,


Henry A. Waxman
Ranking Member


Frank Pallone, Jr.
Ranking Member
Subcommittee on Health

³ Government Accountability Office, Report to Congressional Requesters, *Women's Health: NIH Has Increased Its Efforts to Include Women in Research* (May 2000) (online at <http://www.gao.gov/archive/2000/he00096.pdf>).

⁴ Society for Women's Health Research, *Women and Men: 10 Differences that Make a Difference* (Mar. 2010) (online at http://www.womenshealthresearch.org/site/PageServer?pagename=hs_sbb_10diff).

⁵ Centers for Disease Control and Prevention, *Health Disparities Affecting Minorities*, (online at <http://www.cdc.gov/minorityhealth/brochures/OMHD.pdf>).